STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910386	**04/25/2019**
NAME OF PROVIDER OR SUPPLIER **COLONIAL ASSISTED LIVING AT WEST PALM BEACH FL**	STREET ADDRESS, CITY, STATE, ZIP CODE **534 DATURA STREET** **WEST PALM BEACH, FL 33401**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

A complaint investigation #2019001383 was conducted in conjunction with a Re-licensure Survey on 04/23/2019 through 4/25/2019 at Colonial Assisted Living At West Palm Beach, license #7617. The facility had no deficiencies at the time of the investigation.